

Self-introduction:

- Name: Howard Kong, L.Ac., M.S.T.C.M.
- Education: B.A. Physics and Music, UC Berkeley 1993;
 - Master of Traditional Chinese Medicine, Academy of Chinese Culture and Health Sciences, Oakland 1997
- Personal Background
 - From family of practitioners of traditional Chinese medicine.
 - Great-grand father, grand father were practitioners
 - Father, Lam Kong, has practice for over four decades in China and currently in the US.
- Current President of Professional Association
 - California State Oriental Medicine Association (CSOMA);
 - Largest predominantly English speaking acupuncturist association in California with over 700 members.

Discussion of Educational Requirements re: Western Medical Education

• We are not and should not try to turn the educational curriculum of the California acupuncture licensure into a program for Western medicine; the primary education has always been and should remain in traditional oriental medicine. However we are establishing an education that is appropriate for a California health care profession that allows practitioners to be better integrated into our contemporary medical system.

• Other health providers in the our current medical system have little or no knowledge of our system of medicine (traditional oriental medicine). So in order for there to be ANY level of communication and coordination, acupuncturists must be familiar enough with both systems to initiate dialogue. This dialogue must exist between providers for the benefit and protection of consumers.

• Basic knowledge of western clinical medicine, patient assessment and diagnosis should be recommended in the curriculum, provided that the curriculum is primarily focused in traditional oriental medicine.

Discussion of Educational Requirements re: Traditional Oriental Medicine

• The Acupuncture Act was written to establish “a framework for the practice of the art and science of oriental medicine through acupuncture... subject to regulation and control as a primary health care profession.” (California B&PC Chp.12 Article 1. Section 4926). Though we are given the title “Licensed Acupuncturists,” the intent has

always been to establish a vehicle for the practice of oriental medicine with acupuncture being the principle but not sole modality.

- In Asian Tradition, acupuncture is but one of a plethora of treatment modalities including herbal medicine, qi gong/tai qi chuan or “breathing exercises,” acupressure/oriental massage, et al. Hence our scope in statute is broad such as it is. A more appropriate title would be “Practitioner of Traditional Oriental Medicine.” Unfortunately we remain constrained to this title, and this constraint has been the source of much confusion and debate.

- Acupuncturists, outside of California, with more limited scope of practice, argue that California is anticompetitive in its educational requirements. Yet several states in the union, still do not have a licensure.; clearly the pace of acceptance and utilization of our services through out the country is not homogenous. In California, we have found it appropriate that the licensure entail a basic level of training in oriental medicine. Separating acupuncture or herbal medicine as a different level of licensure is as inappropriate as providing a separate bar exam for attorneys choosing to practice Tort law or Constitutional law. It is as inappropriate as providing a separate exam for those doctors choosing to practice as a general practitioner as opposed to psychiatry. Rather, if an oriental medicine practitioner or “licensed acupuncturist” chooses to practice within a specialize and limited portion of the scope, they made do so while retain basic knowledge of the other disciplines his or her colleagues may chose to practice. Moreover, in the future, development of boards which can certify specializations would also be appropriate to distinguish those with more advanced levels of training.

Discussion of Educational Requirements re: Competency Testing

- When I took the California Acupuncture Licensing Exam (CALE) in 1996 there were “practical” portions of the exam that tested basic competencies such as the identification of herbs, location of acupuncture points, and traditional oriental medical diagnosis. Since that time, the CALE has been reduced to a multiple choice examination. Perhaps there are logistical reasons why the practical exam portion was removed. However the testing of these and other competencies is important to insuring that exam takers are adequate in these basic abilities.

- The Commission should recommend that California Acupuncture Board (CAB) require that the schools test for such competencies within their curriculum, so that even though the CALE does not test these competencies directly, at least the approved schools in coordination with the CAB, rigorously test their students to insure these and other relative competencies. Ultimately, the CALE should be designed and provided such that any individual wishing to practice in California, simply take and pass the exam.